

Revised 3/00

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**

CV 0010

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: **NOTE:** *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

Jashae Hudson 02-B-2458

-vs-

B. Full Name(s) of Defendant(s) **NOTE:** *Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

- | | |
|--|---|
| 1. <u>Peter Clark Superintendent</u> | 2. <u>Inter community memorial hospital</u> |
| 3. <u>corrections officer Papavish</u> | 4. _____ |
| 5. _____ | 6. _____ |

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION **NOTE:** *To list additional plaintiffs, use this format on another sheet of paper.*

Name and Prisoner Number of Plaintiff: Jashae Hudson 02-B-2458

Present Place of Confinement & Address: Greene corr. facility P.O. Box 975

Coxsackie, NY 12051

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: *To provide information about more defendants than there is room for here, use this format on another sheet of paper.*

Name of Defendant: Peter Clark Superintendent

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Niagara County Jail

Name of Defendant: Corrections office Papavich

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Niagara County Jail

Name of Defendant: Inter community Memorial Hospital

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: _____

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in **state or federal court** dealing with the same facts involved in this action? Yes _____ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

• Is it still pending? Yes _____ No _____

• If not, give the approximate date it was resolved. _____

• Disposition (check the boxes which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes _____ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____
3. Docket Number: _____
4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____
6. What was the disposition of the case?
 - Is it still pending? Yes _____ No ✓
 - If not, give the approximate date it was resolved. _____
 - Disposition (check the boxes which apply):
 - ☐ Dismissed (check the box which indicates why it was dismissed):
 - ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
 - ☐ By court for failure to exhaust administrative remedies;
 - ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
 - ☐ By court due to your voluntary withdrawal of claim;
 - ☐ Judgment upon motion or after trial entered for
 - ☐ plaintiff
 - ☐ defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • Excessive Force | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial,

allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

A. FIRST CLAIM: On (date of the incident) May 27, 2002
 defendant (give the name and position held of each defendant involved in this incident) I ask
a correction officer Papawich to call the doctor because I was
having ~~stomach~~ stomach pain and I was told to go lie back down.

did the following to me (briefly state what each defendant named above did): The next
morning the doctor was summoned and I was rushed to the
hospital and under went emergency surgery to remove some
of my large and small intestine and colon. while in surgery I
caught pneumonia and had to be place on an respirator. I also had
to get a blood line and had to ~~stay~~ stay ~~an~~ in I.C.U. for about
a month or so.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Denial of medical
treatment

The relief I am seeking for this claim is (briefly state the relief sought): Doctor bills,
pain and suffering emotionally stress mentally stress

Exhaustion of Administrative Remedies

According to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Did you grieve and/or appeal this claim: Yes ✓ No

If your answer is yes, state the result: Letter received on Index number

Did you appeal that decision: Yes _____ No ✓

If your answer is yes, state the result: _____

Attach any documents which indicate that you have exhausted your administrative remedies regarding this claim.

If your answer is no, state why you did not: because I kept on going to the hospital,

B. SECOND CLAIM: On (date of the incident) _____

defendant (give the name and position held of each defendant involved in this incident) _____

did the following to me (briefly state what each defendant named above did): _____

The constitutional basis for this claim under 42 U.S.C. § 1983 is: _____

The relief I am seeking for this claim is (briefly state the relief sought): _____

Exhaustion of Administrative Remedies

According to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Did you grieve and/or appeal this claim: Yes ☒ No ☐

If your answer is yes, state the result: never received an index number

Did you appeal that decision: Yes ☐ No ☒

If your answer is yes, state the result: _____

Attach any documents which indicate that you have exhausted your administrative remedies regarding this claim.

If your answer is no, state why you did not: I was going back in forth to the hospital

If you have additional claims, use the above format to set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

To pay for my doctor bills, pain and suffering, emotionally stress and mentally stress.

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 17, 2003
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Joshua Hudson
Joshua Hudson

Signature(s) of Plaintiff(s)